



TRANSMITTAL FORM

Attorney Docket No. NL 000045 (7790/214)
Application Number 09/781,383
Filing Date FEBRUARY 12, 2001
First Named Inventor KAREL E. KUIJK
Group Art Unit 2673
Examiner PIZIALI, J.

ENCLOSURES (check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Response to Non-Final Office Action Dated September 20, 2002

<input type="checkbox"/> After Final

<input type="checkbox"/> Affidavits/declaration(s)

<input type="checkbox"/> Status Letter

<input checked="" type="checkbox"/> Two-Month Petition for Extension of Time Request (duplic)

<input type="checkbox"/> Express Abandonment Request

<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> Assignment Papers (for an Application)

<input type="checkbox"/> Drawings

<input type="checkbox"/> After Allowance Communication to Group

<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition

<input type="checkbox"/> To Convert a Provisional Application

<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Small Entity Statement

<input type="checkbox"/> Request of Refund | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences

<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

<input type="checkbox"/> Proprietary Information

<input checked="" type="checkbox"/> Post Card Receipt

<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):

<div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Substitute Specification </div> <div style="border: 1px solid black; padding: 2px;"> <input checked="" type="checkbox"/> Marked-up Specification </div> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> </div> |
|--|--|---|
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.
- ☒ I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 50-1713. A duplicate copy of this sheet is enclosed.

RECEIVED

MAR 05 2003

Technology Center 2600

CALCULATION OF FEE

	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus		0	x \$9=	0		x \$18=	
Indep.		Minus		0	x \$42	0		x \$84	
First Presentation of Multiple Dep. Claim					+\$140	---		+\$280=	
				total add'l fee	\$ 0		total add'l fee	\$	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name
FRANK C. NICHOLAS
Registration No. 33,983
CARDINAL LAW GROUP
1603 Orrington Avenue, Suite 2000
Evanston, IL 60201

Signature

Date

February 20, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

February 20, 2003

Signature

FRANK C. NICHOLAS (33,983)

Date:

February 20, 2003